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# Prescription Drug Information for Patients: History



# 1500s: Ethical Statutes of Royal College of Physicians

- “Let no physician teach the people about medicines or even tell them the names of the medicines, particularly the more potent ones ... for the people may be harmed by their improper use.”
  - violations resulted in a 40 shilling fine



# 1938: *Federal Register* Notice

- Drug labeling should be written “only in such medical terms as are not likely to be understood by the ordinary individual.”



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# Culture Changed



## 1960s – 1970s

- Short isoproterenol warning
- Patient Package Inserts (PPIs) to be written and distributed for oral contraceptives and estrogens
  - directed to healthy women using drugs associated with significant health risks



## 1980s

- 1980: Regulation issued for a pilot project
- 1982: Regulation withdrawn in favor of encouraging private sector initiatives
- 1982 forward: Through national patient surveys, FDA monitored oral and written information provided by physicians and pharmacists
- PPIs not mandated through regulations continued to be issued



# Culture Continued to Change

- Population sophistication/education
- Consumer empowerment -- desire for involvement in one's own health care
- Litigious environment
- Greater attention to improving outcomes and reducing risk
- Aging population



## 1990-1995

- 1993: OBRA '90 requirements changed pharmacy environment
  - movement away from paper
- Surveys showed continuing low levels of information provision
- 1995: Medication Guide Proposed Regulations
  - set goals and time frames for information provision
  - proposed FDA-approved information for certain Rx products





## 1996-1997

- 1996: Public Law 104-180 (PL)
  - adopted goals and time frames for private sector to provide useful written information
  - mandated process for developing a private sector long-range Action Plan
  - limited FDA's ability to take further regulatory steps to require a comprehensive program
- 1997: HHS Secretary accepts Action Plan



## Remaining 1990s

- 1998: FDA publishes Medication Guide final regulations
- 1999: Medication Guide regulations become effective
- 1999: FDA sponsors limited evaluation (8-State study) of status of information provision to give feedback to information providers



## 2000s

- 2001: FDA sponsors national evaluation of progress toward PL's initial goal
  - allows private sector program to continue
- 2005: FDA issues draft guidance regarding how it assesses written patient information
- 2006: FDA issues final guidance
- 2008: FDA-sponsored evaluation of progress toward PL's final goal for written information provision



# Current Varieties of Prescription Drug Patient Information

- FDA-Approved Patient “Labeling”
  - Patient Package Inserts or PPIs
  - Medication Guides
- Consumer Medication Information (CMI)
- Promotional materials



# What Types of Written Information Might Patients Receive With Their Prescription?

## **FDA-approved and regulated:**

- Medication Guides (MG)
- Patient Package Inserts (PPI)

## **Not FDA-reviewed or regulated:**

- Consumer Medication Information (CMI)



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# When is a Medication Guide required?

Primarily for **outpatient** prescription products.

The product must have a “**serious and significant**” **public health concern** for which patient information is necessary to ensure safe and effective use.

There are 3 “triggering criteria”



# **“triggering criteria”**

***A Medication Guide is required if FDA determines one or more exist:***

1. Patient labeling could help prevent serious Adverse Events
2. Product has serious risks that could affect patient's decision to use or continue to use
3. Patient adherence to directions is crucial to effectiveness





# Medication Guides

- Usually written by manufacturers
- Reviewed and approved by FDA
- Becomes part of professional labeling

## Distribution requirements

- Manufacturer is responsible for providing **sufficient numbers** of Medication Guides such that each patient receives one with every new and refilled prescription
- **Dispenser required to provide Medication Guide with each prescription when product is dispensed**



# Medication Guide Requirements (1)

- Nontechnical, understandable language
  - 6<sup>th</sup> to 8<sup>th</sup> grade reading level
- Nonpromotional in tone and content
- Specific and comprehensive content that is consistent with professional labeling
- 10 point minimum type size



# Medication Guide Requirements (2)

- Legible and clearly presented
  - appropriate use of highlighting techniques
  - Use of white space, bolding, headers, “chunking”
- Uniform order of headings/information
  - Specified section headings (Q & A format)



# Medication Guide Headers

(applied as appropriate)

- Brand name, established name, phonetic spelling
- What is the most important information I should know about [DRUG]?
- What is [DRUG]?
- Who should not take [DRUG]?
- How should I take [DRUG]?
- What should I avoid while taking [DRUG]?
- What are the possible side effects of [DRUG]?
- General information (specific verbatim statements)



# Medication Guides

- The Food and Drug Administration Amendments Act of 2007 (FDAAA) stated that Medication Guides developed after March 25, 2008 will be considered part of a **Risk Evaluation and Mitigation Strategy** (REMS) for purposes of development and evaluation.
- This means that the effectiveness of a Medication Guide as a tool to mitigate the risks associated with the drug must be evaluated.



# Assessments

An evaluation is required to **assess the effectiveness** of the Medication Guide as a tool to mitigate the risks associated with the product.

- Manufacturer develops survey (or other mechanism) to evaluate at 18 months, 3 years, 7 years (and sometimes more often)



## Some of the better assessments have included questions about:

- Patients **receipt of** the Medication Guide
- Patients **understanding of** the specific risks or safety information conveyed in the Medication Guide
  - **understand the information**
  - **demonstrate knowledge about what to do if they experience the event**



## Some proposals where we've recommended revisions have included:

- Patient attestation of receipt and understanding (check boxes)
- Recruit selected physicians offices or pharmacies to survey patients
- Use approved Medication Guide as a reference during survey
- Using general population (not necessarily patients) to test materials





## Some proposals where we've recommended revisions have included:

- Using patients of competitor products (“potential patients”)
- Reeducating patients prior to survey by providing a Medication Guide at the time they are recruited to take survey (but not at time of survey)
- Allowing respondents to be eligible to participate in multiple waves of evaluation



# Questions under consideration to facilitate consistency (in addition to specific risk questions)

- Who gave you the Medication Guide?
- Did you read the Medication Guide?
- Did you understand what you read in the Medication Guide?
- Did someone offer to explain to you the information in the Medication Guide?
  - Did you accept the offer?
  - Did you understand the explanation that was given to you?



# Questions under consideration to facilitate consistency (in addition to specific risk questions)

- Did or do you have any question about the Medication Guide?
- How long did you keep your Medication Guide for [DRUG]?
- Other than the first time you received the Medication Guide for [DRUG], did you refer back to it for any reason?
- Where did you fill your prescription for [DRUG]?



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# Patient Package Insert (PPI)

Two kinds of PPIs:

## **Required** PPIs for two drug categories

- oral contraceptives
- estrogens

## **“Voluntary”** PPIs for other products

- Content and format not covered by regulation
- Manufacturers are not required to provide to dispensers
- Dispensers are not required to disseminate with each prescription



# Patient Package Insert (PPI)

- Considered to be FDA-approved labeling
- Generally when FDA or manufacturer considers necessary for appropriate use
- Can include Patient Instructions for Use



# Distribution of Patient Labeling

- As of June 30 2006, any FDA-approved patient labeling must be reprinted with or accompany professional labeling
- No way to know if patients are receiving or understanding the information



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# Consumer Medication Information (CMI)

- Printed information typically stapled to outside of or put inside pharmacy bag
- Not reviewed or regulated by FDA
- Developed by commercial vendors, then sold to pharmacies
  - not developed by drug manufacturers



## (1996) Public Law 104-180

- Required an action plan be developed
- Specified goals for receipt of useful written information with new prescriptions
  - **75% by year 2000**
  - **95% by year 2006**
- If goals not met, FDA could take action to regulate these materials



# 1997 Action Plan - Criteria for Useful Medication Information

Essential elements of useful information developed by consensus - "Keystone criteria"

1. Scientifically Accurate
2. Unbiased in Content and Tone
3. Sufficiently Specific and Comprehensive
4. Presented in an Understandable and Legible Format that is Readily Comprehensible to Consumers
5. Timely and up-to-date
6. Useful - enabling patient to use medicine properly and appropriately, receive maximum benefit, and avoid harm



# Setting up for Evaluating Goals

**1998:** FDA contracted an independent assessment of the proposed program and methodology

8-state study to test the methodology for collecting CMI

Expert Panel evaluated materials

- developed 8 categories of “useful” by combining the Action Plan criteria and components



## 8 Criteria for “Useful” (1-4)

1. Drug names, indications for use, and how to monitor for improvement
2. Contraindications and what to do if they apply
3. Specific directions about storage and overdose
4. Specific precautions and warnings



## 8 Criteria for “Useful” (5-8)

5. Symptoms of serious or frequent AEs and what to do
6. Certain general information, including encouraging patients to communicate with healthcare professionals, and disclaimer statements
7. Information that is scientifically accurate, unbiased in tone and content, and up-to-date
8. Information is understandable and legible format that is readily comprehensible to consumers



# Results of 2001 Evaluation of Year 2000 Goal

- almost 90% distribution
- only about 50% met the minimum criteria for usefulness

**Year 2000 goal of 75% not met**



# Guidance: Useful Written Consumer Medication Information

- After 2001 study, National Council on Patient Information and Education (NCPIE) convened CMI stakeholders
  - Improve CMI so 2006 goal (95%) can be met
  - Asked FDA to give advice
- **2006:** FDA publishes final Guidance for Consumer Medication Information (CMI)





# Results of 2008 Evaluation of Year 2006 Goal

- almost 94% distribution
- only about 75% met the minimum criteria for usefulness

**Year 2006 goal of 95% not met**



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**Thank you for your attention**